

# TELEWORK AGREEMENT

## SECTION 1 – TELEWORK APPLICATION

**Instructions:** Employee completes Sections 1 & 2 and signs Section 3 and then gives the Agreement to the supervisor for completion.

Date of Request:

### Employee Information

Name: \_\_\_\_\_ Central worksite Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Proposed Telework Location: ☐ Home ☐ Satellite Office ☐ Other: \_\_\_\_\_  
Telework Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telework Phone: \_\_\_\_\_  
Telework Office E-mail (if different from central worksite): \_\_\_\_\_

### Proposed Telework Schedule

Days you propose to telework: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
Is this a temporary telework arrangement? ☐ Yes ☐ No  
If yes, length of arrangement? \_\_\_\_\_

#### **Daily schedule:**

Total hours per day: \_\_\_\_\_  
Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Lunch: \_\_\_\_\_ to \_\_\_\_\_

### Tasks / Assignments

Proposed tasks or assignments to be completed on telework days:

How will your proposed telework schedule sustain or enhance your ability to complete your job and your division's ability to meet its goals/mission?

What potential problems could your changed schedule create with each of the following groups and how do you suggest overcoming them?

- a. Customers:
- b. Co-workers:
- c. Your supervisor:

What cost savings to the department do you anticipate from your schedule?

What reasonable work products and evaluation criteria would you propose for you and your supervisor to assess how your performance is meeting or exceeding expectations?

How frequently do you propose progress be monitored?

### Dependent Care

Do you have dependents requiring care during telework hours? ☐ Yes ☐ No  
If yes, what arrangements have you made for dependent care to relieve you from primary-care responsibilities during telework hours?

### Accessibility Information

How can you be contacted when you telework? ☐ Phone ☐ Voice mail/answering machine ☐ E-mail

☐ Other:

### Equipment

What equipment and software will you provide?

☐ Phone ☐ Voice mail ☐ Second phone line ☐ Office furniture ☐ Fax machine ☐

Internet service provider:

☐ Computer type and model:

☐ Printer type and model:

☐ Connection type :

Operating system:

Software:

Surge protection type:            Make this a Yes No is fine

Other equipment not mentioned above:

Remote access requested? ☐ Yes ☐ No

## **SECTION 2 - SELF-ASSESSMENT**

*A successful teleworker has particular traits, a job suitable for telework and a telework office that is conducive to work. Read each of the numbered sections below, and check the box that most accurately describes you and your situation. Your self-assessment will help you decide whether telework is right for you. See the end of this Self-Assessment for help in evaluating your results.*

1. Successful teleworkers develop regular routines and are able to set and meet their own deadlines. Are you self-motivated, self-disciplined, and able to work independently? Can you complete projects on time with minimal supervision and feedback? Are you productive when no one is checking on you or watching you work?  
☐ Always    ☐ Usually    ☐ Sometimes    ☐ Not really
2. Do you have strong organizational and time-management skills? Are you results-oriented? Will you remain focused on your work while at home, and not be distracted by television, housework, or visiting neighbors? Do you manage your time and workload well, solve many of your own problems, and find satisfaction in completing tasks on your own? Are you comfortable setting priorities and deadlines? Do you keep your sights on results?  
☐ Always    ☐ Usually    ☐ Sometimes    ☐ Not really
3. Are you comfortable working alone and disciplined enough to leave work at quitting time? Can you adjust to the relative isolation of working at home? Will you miss the social interaction at the central worksite on your telework days? Do you have the self-control to work neither too much nor too little? Can you set a comfortable and productive pace while working at home?  
☐ Yes    ☐ No
4. Teleworkers should have a good understanding of the department's "culture". Are you knowledgeable about the department's procedures and policies? Have you been on the job long enough to know how to do your job in accordance with procedures and policies? Do you have well-established work, communication and social patterns at the central worksite?  
☐ Yes    ☐ No
5. Have you and your supervisor discussed whether co-workers would have additional work when you work at home, and if so, how the work would be handled? Have you determined how to provide support to co-workers while working at home? Do you have an effective work relationship with co-workers? Have you evaluated the effects of your telework days and those of your co-workers in maintaining adequate in-office communication?  
☐ Yes    ☐ No

6. Are you adaptable to changing routines and environments? Have you demonstrated an ability to be flexible about work routines and environments? Are you willing to come into the central worksite on a regularly scheduled telework day if your supervisor, co-workers or customers need you there?
- ☐ Yes ☐ No
7. Are you an effective communicator and team player? Do you communicate well with your supervisor and co-workers? Are you able to express needs objectively and develop solutions? Have you developed ways to communicate regularly with your supervisor and co-workers when you telework?
- ☐ Yes ☐ No
8. Current job performance is a strong indicator of your potential success as a teleworker. Consider how any problems or developmental needs evident in you last performance evaluation might affect your telework experience. Are you successful in your current position? Do you know your job well? Do you have a track record of performance?
- ☐ Yes ☐ Not really
9. Do you have the right job for telework?
- ☐ Job responsibilities that can be arranged so that there is no difference in the level of service provided to the customer.
  - ☐ Minimal requirements for direct supervision or contact with the customer.
  - ☐ Low face-to-face communication requirements with the ability to arrange days when communication can be handled by telephone or e-mail.
  - ☐ Minimal requirements for special equipment.
  - ☐ Ability to define tasks and work products with measurable work activities and objectives.
  - ☐ Ability to control and schedule work flow.
  - ☐ Tasks include those that could be done away from the central worksite such as:
 

Analysis	Graphics	Editing
Auditing reports	Project management	Evaluations
Batch work	Reading	Dictating
Budgeting	Record keeping	Writing
Calculating	Research	Design work
Computer programming	Typing/word processing	Sales
Contracts	Sending/receiving e-mail	Data entry
Spreadsheet analysis		
10. Do you have an appropriate home work environment?
- ☐ A safe, comfortable work space where it is easy to concentrate on work.
  - ☐ The level of security required by current state standards for information technology.
  - ☐ The necessary office equipment and software that meet the current state standards for hardware and software.
  - ☐ Household members who will understand you're working and won't disturb you.

*Are you the right kind of worker? If your answers to Questions 1-8 are "Affirmative or Yes", you're the kind of employee likely to be successful at telework.*

*Do you have the right kind of job? You should be able to check every item under Question 9.*

*Do you have the right home environment? You should be able to check every item under Question 10.*

### SECTION 3 - PROPOSAL ACCEPTANCE

#### Employee Acceptance

I have read the Telework policy and understand the requirements and obligations that I am expected to accept and meet as a teleworker. I have also completed the Self-Assessment section and feel that I have the work habits, job type, and home office compatible with teleworking.

Applicant Signature:

Date:

#### Supervisor Review

Date of employee hire *(contact HR for date if needed)*:

☐ Eligible to telework. *(Employee must be employed by DOC for 1 year prior to teleworking.)*

☐ Accepted as requested    ☐ Modified and approved    ☐ Denied

Reason for modification or denial:

Signature:

Date:

### SECTION 4 - AGREEMENT

**Instructions:** After application approval, teleworker and supervisor complete Section 4 together.

#### Central Worksite

Address:

Will there be any sharing of or changes in work space when telework begins? ☐ Yes    ☐ No

If yes, specify:

#### Schedule

☐ **Fixed** *(Telework days and hours are scheduled and will not be substituted without advance approval of the manager.)*

Telework days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Telework time: Start:                      Finish:                      Total Hours Per Day:

Lunch from:                      to:

☐ **Flexible Schedule**                      Hours of Work Permitted:

*Use of sick leave, vacation, other time off or leave credits, and overtime to be worked must be approved in advance by the supervisor. Employee may be required to return to the office to attend meetings, classes, and department events, as designated by supervisor.*

#### Tasks

☐ There is a current and accurate job profile on file in the Human Resource Office.

Tasks for telework days:

Intervals for telework review:

*Employee agrees to complete all assigned work according to procedures mutually agreed upon with his/her supervisor. Employee also agrees to provide reports and keep his/her supervisor informed of progress on assignments and of any problems experienced. A decline in performance may be grounds for canceling the Telework Agreement.*

### **Inspections**

*In case of injury, theft, loss, or tort liability related to telework, the teleworker must allow agents of the state to investigate and/or inspect the telework site. The telework site may also be inspected by the supervisor. Reasonable notice of inspection and/or investigation will be given to the teleworker.*

### **Communication**

Will the following be utilized?

- Call forwarding? ☐ Yes ☐ No
- Answering machine or voice mail? ☐ Yes ☐ No
- Receptionist or co-workers take calls? ☐ Yes ☐ No
- Access to e-mail? ☐ Yes ☐ No

How will incoming calls to the central worksite be answered on telework days?

The employee agrees to call the office to obtain messages at least \_\_\_\_\_ times a day.

Call in times:

Other procedures:

*The employee will promptly notify the supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.*

### **Termination**

*Unless specified in OTHER ARRANGEMENTS, the agency and/or employee may discontinue this arrangement at anytime. Except in emergent situations, this will be done by giving one week's notice.*

### **Other Arrangements**

Additional conditions agreed upon by the employee and the supervisor:

## **SECTION 5 - EQUIPMENT**

**Instructions:** This section should be completed with IT and must be signed off by the IT Bureau upon completion. After completing, this section must be copied and sent to Risk Management and Tort Defense.

*The Department of Corrections is not responsible for any private property used, lost, or damaged. The state may pursue recovery from the employee for property that is deliberately or negligently damaged or destroyed while in the employee's care, custody, or control. The agency is responsible for the deductible on state property unless otherwise specified in this agreement under OTHER ARRANGEMENTS. Employees are advised to contact their insurance agent and a tax consultant for information regarding home worksites.*

*In the event of equipment failure, the employee may be assigned to another project and/or work location. The employee shall surrender all state-owned equipment and data documents immediately upon request.*

*The employee agrees that State equipment and systems will only be used by the employee for State business. The employee also agrees to protect the Department's records from disclosure and damage. The employee agrees to follow all applicable State and department policies in regard to computers and system use.*

What equipment, hardware, and software will be used?

ITEM	TYPE	SERIAL #	PROGRAM	VERSION	OWNER
PC					
Monitor					
Surge Protector					
Printer					
Software					
Software					
Software					
Other:					
Other:					
Other:					

1. Will there be a connection to a state LAN or mainframe? ☐ Yes ☐ No  
If yes list all State and Department computer resources you need to access.

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2. Is there any other information technology security or access issue? ☐ Yes ☐ No  
If yes, has advice been obtained from the IT Division? ☐ Yes ☐ No

An IT employee has reviewed the above equipment, hardware, and software and agrees that this list is compatible with the DOC system. The requirements and techniques for computer information security have been discussed with the employee and all concerns have been addressed.

IT Initials:

Date:

## SECTION 6 - EXPENSES

**Instructions:** This section must be reviewed and signed by a Budget Analyst after completion.

The agency will pay for the following expenses:

- Charges for business related telephone calls. ☐ Yes ☐ No
- Maintenance and repairs to state-owned equipment. ☐ Yes ☐ No
- Other:

*Claims will be submitted with receipt, bill, or other verification of the expense.*

The agency will not pay for the following expenses:

- Maintenance or repairs of privately owned equipment.
- Utility costs associated with the use of the computer or occupation of the home.
- Liability insurance to cover the use of space in the home for work.
- Office supplies (these should be requisitioned through the main office).
- Travel expenses associated with commuting to the central worksite.

Budget has reviewed this section of the Telework Agreement and agrees that cost to the department will be minimal and acceptable.

Budget Signature:

Date:

## SECTION 7 - SAFETY AND SECURITY CHECKLIST

**Instructions:** This section should be completed by the supervisor during an inspection of the worksite. Alternatively, it can be completed by the employee and reviewed by the supervisor.

YES	NO	Security
_____	_____	Are work materials and equipment in a secure place that can be protected from theft, damage, or misuse?
_____	_____	Are the security requirements in place to protect the confidentiality and security of state information and computer systems?
		<b>Equipment</b>
_____	_____	Are all machines properly grounded?
_____	_____	Are portable hand tools grounded or double insulated?
_____	_____	Are junction boxes closed?
_____	_____	Is all electrical equipment in good working condition?
_____	_____	Are all phone lines, electrical, and other cords kept out of the way?
_____	_____	Is there evidence of fraying on any electrical cords?
_____	_____	Is adequate amperage provided to the home and the work site?
_____	_____	Is the computer equipment connected to a surge protector?
		<b>Fire Protection</b>
_____	_____	Is a fire extinguisher readily available?
_____	_____	Is it fully charged and operable?
_____	_____	Are there smoke detectors in the work site?
_____	_____	Is there a smoke detector within hearing distance of the workspace?
_____	_____	Are the batteries or other power supplies of the smoke detectors checked regularly?
		<b>Liability</b>
_____	_____	Does the homeowner or renters' insurance cover business use in the home?
		<b>Housekeeping</b>
_____	_____	Is the work area clean and orderly?
_____	_____	Are aisles and doorways free of obstructions?
_____	_____	Are all spilled materials or liquids cleaned up immediately?
_____	_____	Is there combustible scrap, debris, and waste stored safely & removed from the worksite promptly?
_____	_____	Are the file cabinets arranged so drawers do not open into walkways?
_____	_____	Are carpets well secured to the floor and free of frayed or worn seams?
		<b>Means of Exit</b>
_____	_____	Are there enough exits to allow prompt escape?
_____	_____	Does the employee have easy access to exits?
		<b>Materials Handling and Storage</b>
_____	_____	Is adequate clearance allowed in aisles where materials must be moved?
_____	_____	Are tiered materials stacked, interlocked, locked, and limited in height to maintain stability?
_____	_____	Are storage areas kept free of tripping, fire, explosion, and pest hazards?

## **SECTION 8 - ACCEPTANCE**

Effective Date of Telework Arrangement:

*I have read and understand both the Telework Policy and this agreement and agree to abide by and operate in accordance with their terms and conditions. I agree that the sole purpose of this agreement is to regulate telework and that it neither constitutes an employment contract nor an amendment to any existing contract.*

Human Resources:

Date:

Information Technology

Date:

Employee Signature:

Date:

Supervisor Signature:

Date:

Division Administrator:

Date: